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Date: May 8, 2008

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To: Examiner P.K. Bex
Group Art Unit 1743, USPTO

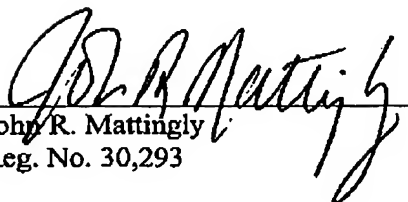
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/780,743
Attorney Docket No.: KAS-199

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal;
Amendment;
Petition for Extension of Time; and
Credit Card Payment Form in amount of \$120.00.


John R. Mattingly
Reg. No. 30,293

May 8, 2008
Date

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Form PTO-1083

Patent

In RE application of H. YANAMI et al

Case Docket No. KAS-199

Serial No.: 10/780,743

Group Art Unit: 1743

For: SAMPLE DISPENSING APPARATUS AND
AUTOMATIC ANALYZER INCLUDING THE SAME

Examiner: P.K. Bex

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
Total	Minus	**	X 25	\$		X 50	\$
Indep.	Minus	***	X 100	\$		X 200	\$
			X 180	\$		X 360	\$
<input type="checkbox"/> First presentation of Multiple Dependent Claims			Total	\$	OR	Total	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$120.00 is attached for 1 month EOT
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Date: May 8, 2008